R-16019 (2/04) CR 1

Application for Louisiana Revenue Account Number

RDR	
Date of application	

Louisiana Department of Revenue P.O. Box 201 Baton Rouge, LA 70821-0201 (225) 219-7318

office	use	only.

1500

1.	A. Sales/ Use General Busin Statewide Hote Jefferson Paris Orleans Parisl Orleans Parisl N.O. Airport Fo	el/Motel sh Hotel/Moten Hotel/Moten Restauran	 	C. D.	☐ Seve Oil and ☐ Taxp ☐ Prod	cle Rental E	ficati		F.	☐ Other	
2.	Reason for applying		tarted new business			Other (sp					
_	locality and a state of the sta		urchased ongoing but								
3.	LA Corp. Tax Number LA Withholding Tax Number	None 🖵	LA Sales Tax Num LA Severance Tax	ber	Non	e 🔲 l	A Exc	ise Tax	es Numbe	er None	
4.	A. Legal name(s)										
	B. Trade name of bus	iness							() ephone	
5.	A. Business location a	nddraes (Na Bo	Box or General Delivery)							ерпопе	
٥.	B. City and state									ZIP	
6.	A. Address for receiving		and correspondence (
0.	B								☐ Add	ditional ma	iling
	City a	and state		ZIP	D	Telephon	е		ado	dress(es) a	ittached
7.	Type of organization:A.	☐ Individual	B. Partnership C.		Corporatio	D. Gove	ernme	ntal E	. Nonp	orofit F. [Other
8.	9. Federal Employer None ID Number										
10.	O. If sole owner (individual): Name SSN SSN Telephone ()										
11.	If corporation or										
	partnership: name, title, Social Security	Name			Title			SSN			
	Number, home	Address							hone (
	address, and telephone number	Name			Title			SSN			
	of officers or partners	Address						Telep	hone ()	
12.	A. Louisiana Charter N	Number (if kno	own)		B.	State of inco	porat	ion (if	not Louis	siana)	
13.	•	ana State Pol number(s) th ber	ce Gaming Division mat you currently hold.	nust	be obtain B.	ed by sellers o Expiration Mor	f lotte	ry ticko ear _	ets or ope		video poker
						Expiration Mo					
	VPG Permit Number					Expiration Mo	No. Day		Domestic	Foreign	Fiscal Month
<u>14.</u>	A. Corporation Income/F	Franchise: Da	e charter filed with Lo	uisia	ana Secre	tary of State		E	3.	С	
	Sales or Use Tax: Date		•								
	16. Withholding Tax: (See instructions.) Select filling frequency. □ quarterly □ monthly □ semi-monthly										
	17. Severance Tax: Select filing frequency. □ quarterly □ monthly □ 45-day										
18. Description of business:											
I affirm that the information Signature of applicant							Title				
given on this application is true and correct.			ture of preparer						Date		